

FEB 14 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1883
Registrar's No. 113

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2228 S. 10th Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 74 years. (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Matthew Rogers

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Odellia Rogers 6. (c) Age of husband or wife if alive 31 years 1850

7. Birth date of deceased Dec. (Month) 31 (Day) 1850 (Year)

8. AGE: Years 90 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Austria (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business C.B. & Q. R.R.

12. Name Matthews Rogers

13. Birthplace Unknown (City, town, or county) Austria (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Austria (State or foreign country)

16. (a) Informant Mathias Rogers

(b) Address 2228 S. 10th St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director H.O. Sidenfaden & Son

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Jan. 28, 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2228 S. 10th St. (If rural, give location)
(e) If foreign born, how long in U. S. A. 74 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1941 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 23 to Jan 26, 1941, that I last saw him alive on Jan 26 and that death occurred on the date and hour stated above. Immediate cause of death Broncho pneumonia Duration Jan 23/41

Due to 107

Due to Senility

Other conditions (Include pregnancy within 3 months of death) Senility

Major findings: Of operations —

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85

(Specify type of place) While at work (e) Means of injury —

23. Signature [Signature] (Dr. or other person) Address [Signature] Date signed 1/27/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Elbert C. Harrington

Licensed Embalmer No.....

32581

P. O. Address.....

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.